

CNA INSURANCE COMPANIES

September 10, 1996

Mr. Donald Neilson
Department of Veterans Affairs
810 Vermont Ave. N.W.
Washington D.C. 20420
Office Symbol: 045A4

Reference: Freedom of Information Act request

Dear Mr. Neilson:

Our company has provided Case Management services to veterans in the Central Florida area for the past year. The contract under which we were providing services was to expire as of 09/30/96. Because of this fact a bidding process started in late January 1996. Continental Rehabilitation Resources, Inc. a division of the CNA Insurance Companies submitted a bid by the dead line of 02/29/96.

We have been orally informed that the contract was awarded to three companies but that we were not one of the companies chosen. We have also found out that one of the companies that was chosen under bid us by one dollar.

We would like to request a copy of all the bids that were submitted for the Orlando Area Case Management Services Contract. The Solicitation Number is 516-037-96. The Contracting Officer is Cathy L. Johnson. Her address is:

V.A. Medical Center
A&MMS, Bldg 22, RM 411, (90G)
Attn: Cathy L. Johnson
10000 Bay Pines Blvd.
Bay Pines, FL 33504

I would appreciate your help in this matter. Our address is P.O. Box 140986 Orlando, FL 32814-0986. If you have any questions do not hesitate to contact me at (407) 677-2313.

Sincerely,



Pablo E. Nieves, M.S., C.R.C.
Case Manager

cc: Cathy L. Johnson, Contracting Officer
Roger Rumney, C.P.I.C. VA Office Orlando



For All the Commitments You Make[®]

SOLICITATION, OFFER AND AWARD		1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 350)		RATING		PAGE OF 1 48 PAGES	
2. CONTRACT NO.		3. SOLICITATION NO. 516-037-96		4. TYPE OF SOLICITATION <input type="checkbox"/> SEALED BID (IFB) <input checked="" type="checkbox"/> NEGOTIATED (RFP)		5. DATE ISSUED 1-29-96	
7. ISSUED BY ACQUISITION & MATERIEL MANAGEMENT SERVICE (90G) VA MEDICAL CENTER BAY PINES, FLORIDA 33504		CODE		8. ADDRESS OFFER TO (If other than Item 7) CONTRACTING OFFICER (90G) A&MS, BLDG 22, RM 411 VA MEDICAL CENTER BAY PINES, FLORIDA 33504			

NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder".

SOLICITATION

9. Sealed offers in original and 0 copies for furnishing the supplies or services in the Schedule will be received at the place specified in Item 8, or if handcarried, in the depository located in BUILDING 22, ROOM 411 until 4:30PM local time 2-29-96
(Hour) (Date)

CAUTION — LATE Submissions, Modifications, and Withdrawals See Section L, Provision No. 52.214-7 or 52.215-10. All offers are subject to all terms and conditions contained in this solicitation.

10. FOR INFORMATION CALL:	A. NAME CATHY L. JOHNSON	B. TELEPHONE NO. (Include area code) (NO COLLECT CALLS) (813) 398-9340
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OFFER (Must be fully completed by offeror)

NOTE: Item 12 does not apply if the solicitation includes the provisions at 52.214-16, Minimum Bid Acceptance Period.

12. In compliance with the above, the undersigned agrees, if this offer is accepted within _____ calendar days (60 calendar days unless a different period is inserted by the offeror) from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule.

13. DISCOUNT FOR PROMPT PAYMENT (See Section I, Clause No. 52-232-8)	10 CALENDAR DAYS	20 CALENDAR DAYS	30 CALENDAR DAYS	CALENDAR DAYS
	%	%	%	%
14. ACKNOWLEDGMENT OF AMENDMENTS (The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated:	AMENDMENT NO.	DATE	AMENDMENT NO.	DATE

15A. NAME AND ADDRESS OF OFFEROR	CODE	FACILITY	16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER (Type or print)
15B. TELEPHONE NO. (Include area code)			17. SIGNATURE
15C. CHECK IF REMITTANCE ADDRESS IS DIFFERENT FROM ABOVE. ENTER SUCH ADDRESS IN SCHEDULE			18. OFFER DATE

AWARD (To be completed by Government)

19. ACCEPTED AS TO ITEMS NUMBERED	20. AMOUNT	21. ACCOUNTING AND APPROPRIATION
		36X0117
22. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304(c) <input type="checkbox"/> 41 U.S.C. 253(c)	23. SUBMIT INVOICES TO ADDRESS SHOWN IN: (4 copies unless otherwise specified)	
24. ADMINISTERED BY (If other than Item 7)	CODE	25. PAYMENT WILL BE MADE BY Finance Division (24) 144 First Avenue South St. Petersburg FL 33701-4339
26. NAME OF CONTRACTING OFFICER (Type or print)		27. UNITED STATES OF AMERICA (Signature of Contracting Officer)
		28. AWARD DATE

IMPORTANT — Award will be made on this Form, or on Standard Form 26, or by other authorized official written notice.

RECEIVED
DEPARTMENT OF
VETERANS AFFAIRS

1996 NOV 12 AM 11: 27

INFORMATION NGMT
SERVICE (045A4)

November 7, 1996

Pablo E. Nieves
Case Manager
CNA Insurance Companies
P.O. Box 140986
Orlando, FL 32814-0986

Dear Sir:

This is to provide a final response to your Freedom of Information Act (FOIA) request dated September 10, 1996, concerning Solicitation Number 516-037-96 at the VA Medical Center, Bay Pines, Florida. Your request was referred to me for response as the FOIA Officer for the Veterans Health Administration Headquarters, Washington, DC. I apologize for the delay in responding.

I have talked with Cathy Johnson at the Bay Pines VAMC and have been advised that your request has already been satisfied by the medical center staff. There is no further information available from the headquarters office.

I hope the information you have already obtained is helpful.

Sincerely,

Celia Winter
FOIA/Privacy Act Officer
Veterans Health Administration
Headquarters, Washington, DC

cc: 045A4